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ABSTRACT

Three sources of professional uncertainty have been described: uncertainty about the practitioner's mastery of knowledge; uncertainty due to gaps in the knowledge base itself; and uncertainty about the source of the uncertainty, i.e., the practitioner does not know whether his uncertainty is due to gaps in the knowledge base or to personal inadequacy. Clinical psychologists (N=35) in private practice were interviewed to determine their views on the degree to which uncertainty is an essential aspect of psychotherapy. Subjects responded to an open-ended structured interview designed to allow expression of their orienting assumptions about the nature and responsible practice of psychotherapy, and to assess their ways of coping with uncertainty. The interviews were taped and transcribed and then rated by independent blind raters using a 100-item Q-sort. Cluster analysis of the ratings yielded six orienting approaches to uncertainty resolution clustered around: (1) reliance upon theory; (2) self-doubt; (3) personal gratification; (4) research-mindedness; (5) patient characteristics; and (6) consultation-intuition. These six strategies were present to some degree in all respondents. These results suggest that trainees in clinical psychology might benefit from active fostering of a consultative attitude toward peers and an investigative attitude toward clinical work, and from the teaching and practice of alternative research methodologies that complement clinical work. (Author/NRB)

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Uncertainty and Clinical Psychology: Therapists' Responses[1]

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Abstract

Thirty five clinical psychologists in private practice were interviewed to determine their views on the degree to which uncertainty is an essential aspect of psychotherapy. Additionally they responded to an open-ended structured interview designed to allow expression of their orienting assumptions about the nature and responsible practice of psychotherapy. Other questions related to their ways of coping with or alleviating uncertainty in psychotherapy. The interviews were taped and transcribed and then rated by independent blind raters using a 100 item Q-sort. Cluster analysis revealed several patterns of uncertainty resolution in psychotherapy. These patterns and their implications for practice and training are discussed.

Uncertainty and Clinical Psychology: Therapists' Responses

In recent years there have been a growing number of studies focusing on psychotherapists' experiences in doing their work (Daniels, 1974; Deutsch, 1984; Farber, 1983; Kahn-Hut, 1974; Light, 1980). These studies all share an interest in sources of stress among psychotherapists, and most reflect an interest in the broader question of professional burn-out.

Among the findings reported in these studies of psychotherapists are the following: psychotherapists express concern about two types of issues, the nature of the work itself and patient variables that add stress to the work. Among the most often cited patient variables are:

suicidal patients
anger and hostility to, and from,
patients
emotional strain associated with working
with depressed patients
premature termination of psychotherapy
(Deutsch, 1984; Farber, 1979)

Among the sources of stress generic to the field are concerns about:

the effectiveness of treatment
professional isolation
status and professional image
personal strains created by the work
lack of respect for colleagues
(Daniels, 1974)

One study of burn-out among psychotherapists summarized the issue by noting that, "Constant giving without the compensation of success apparently produces burn-out." (Farber and Heifetz, 1982).

The present study differs from other studies in this area in several ways. Unlike most of the other studies in this area, this study is limited in focus to licensed clinical psychologists in full-time private practice. Most others focus on trainees, or psychiatrists alone, or on the mixed bag of professionals who practice psychotherapy, mixing as well, private practitioners with agency and hospital based therapists. Foremost among the differences however, is the effort to move past the issue of burn-out.

It is my thesis that the more interesting question is why and how do therapists manage to avoid burn-out, rather than why and how do they burn-out? Behind the question posed is the notion that the inherent burn-out producing aspects of psychotherapy are so profound and vexing that to focus on burn-out reduces the problem from and inherently systemic and structural one, to the level of individual

coping or organizational design. This is analogous to the now largely discredited tendency of psychotherapists to ignore socioeconomic, familial and cultural differences among patients by narrowing therapeutic focus down to the level of individual psychopathology or simple sociological stereotypes.

Rather than viewing the experience of the psychotherapist as tied to individual character or as an artifact of institutional setting and policy, I view psychotherapy as an inherently problematic activity. It is the degree of uncertainty generic to the field that I believe lies at the core of the problem of psychotherapy.

Medical sociologist Renee' Fox (Fox, 1957), has described three sources of professional uncertainty. There is uncertainty about whether the individual practitioner has adequately mastered the knowledge base of the discipline. Second, there is uncertainty due to gaps in the knowledge base itself. Finally, there is uncertainty about the source of the uncertainty itself, i.e. the practitioner does not know whether his or her uncertainty is due to gaps in the knowledge base or due to personal inadequacy. Because of the many different vocabularies of psychotherapy, many of them not (or little) overlapping, there is ample room for this third type of uncertainty to flourish - each school claiming that the approach it espouses is indeed, and usually always, the most successful, ethical or responsible. Furthermore, time, luck and individual differences introduce uncontrollable variance into each case. As Edgar Levenson

has said:

> In the end one understands nothing: the therapeutic effect may be real and intended, real and accidental, or chimeric. But all therapists are familiar with this dilemma.
>
> (Levenson, 1972 p.15)

Levenson suggests that therapists resolve the inherent uncertainty in their work through the choice or elaboration of a personal ideology. Following this notion, one purpose of this study was to examine psychotherapists' ideologies and self evaluations in light of their response to uncertainty in psychotherapy.

Method

The subjects in this study were 35 licensed psychologists, 17 women and 18 men, all in full-time private practice. Each was administered a structured interview. The interviews lasted for roughly 1 1/2 to 2 hours and were audiotaped and carefully transcribed. The interview consisted of 17 open-ended questions and 14 incomplete sentences as well as a demographic questionnaire covering such issues as age, gender, experience level and amount of time per week spent in various activities.

Insert Table 1 About Here

The interview questions and incomplete sentences were generated by two pilot studies as well as gleanings from the relevant literature in psychotherapy and the sociology of professions. The questions were designed to tap areas of certainty and uncertainty in psychotherapy without predefining the content of the responses. Sample interview questions are:

> Are there any strains or pressures that you experience that seem inherent in the work of psychotherapy?
>
> Have your expectations about what can be accomplished in psychotherapy changed since you entered the field?
>
> Tell me about one of your most successful cases. Why do you think it turned out that way?

Table 1
Descriptive Characteristics of the Study Sample

N=35 (17 females; 18 males)

	Mean	SD
Age	45	8.8
Years Since Ph.D.	13.3	7.4
Years as a Psychotherapist	13.8	7.5
Average Work/Week	36.2	3.1
Hours of Psychotherapy/Week	27.6	9.5
Hours of Consultation (supervision for self)/ week	1.5	.9

Tell me about a case you consider unsuccessful. Why do you think it turned out that way?

Sample incomplete sentences are:

I know I am doing good work when...

Some of the lessons my patients have taught me are...

One of my biggest conflicts about my work has been...

From the transcribed interviews a 100 item Q-sort deck was generated, drawing on statements made by respondents about their theoretical approaches and descriptions of psychotherapy process. Raters were then trained to reliably (Alpha = .77) apply the Q-sort to the transcripts. Cluster analysis of the ratings yielded 6 orienting approaches to psychotherapeutic uncertainty.

Results

Data analysis yielded six clusters. These were:

1. **Reliance upon theory**. This cluster essentially was reflective of a viewpoint that stresses adherence to theory (specifically psychodynamic theory) as most useful in guiding psychotherapy and resolving uncertainty.

2. **Self doubt**. This cluster reflected an acceptance of

uncertainty or a tolerance for ambiguity as a guide for psychotherapy and as a response to uncertainty.

3. **Personal gratification**. This cluster reflected the sense that psychotherapy is much akin to friendship. One can judge success and resolve uncertainty in psychotherapy by the degree to which one's work is gratifying of one's needs for intimacy and friendship.

4. **Research mindedness**. This cluster reflected an investigative attitude. Viewing uncertainty in a sense, as an opportunity to generate and test clinical hypotheses.

5. **Patient characteristics**. This cluster reflected the view that certain patients were more difficult to work with than others, and that uncertainty derives from the difficulties associated with working with these types of patients.

6. **Consultation-intuition**. This cluster reflects the view that uncertainty is resolved through the use of clinical intuition or consultation with colleagues.

Insert Table 2 About Here

It should be borne in mind that the respondents in this study are not divisible into 6 categories based upon these orienting strategies. Rather, these 6 strategies are present to greater or lesser degrees in all of the respondents.

Discussion

These psychologists appear to avoid burn-out and cope with the uncertainties and difficulties in their work by applying a variety of orienting assumptions or coping mechanisms. They relied upon theory, maintained a tolerance for ambiguity, accepted a degree of personal gratification, adopted an investigative attitude, recognized that some patients are more difficult to work with than others, and finally, relied upon consultation with colleagues and their own intuition in order to deal with the uncertainty of their work.

Implications for training of clinical psychologists include the following recommendations derived from the findings in this study:

Table 2
Sample (high loading) Items from Q-sort Problem Clusters 1-6

Item Number		Loading in Cluster
	Cluster 1: Reliance upon theory	
18	Psychoanalysis is still the best therapeutic approach	.85
64	Psychoanalysis is (not) outmoded	.79
	Cluster 2:Self doubt	
27	Regardless of who the patient is, a good therapist is a good therapist.	.78
13	A therapist can never be free from self doubt	.80
	Cluster 3:Personalization of Therapy	
83	Therapists should be able to take from their patients as well as give.	.82
77	Therapists should be careful to keep their own needs outside of therapy.	.79
	Cluster 4:Research Mindedness	
31	Research training helps psychologists to think critically.	.95

(Table 2, continued)

32	Research training is of (great) value to therapists.	.88
	Cluster 5:Patient Characteristics	
69	Patients are (difficult) to please.	.86
24	It is difficult to work with patients when they are angry.	.66
	Cluster 6:Consultation-Intuition	
69	Talking to colleagues is helpful it just helps to have someone to talk to.	.78
89	A therapist should always get no matter how experienced he/she is.	.73

1. Active fostering of a consultative attitude toward peers and an investigative attitude toward clinical work. Although much lip service is paid to both, training facilities tend not to be noted for either, focusing instead on individual achievement and a competitive ethic. Such an approach, while perhaps useful within the context of the graduate program, may not optimally equip clinicians for survival in the independent practice world. The development of group practice settings should be encouraged, and graduate programs should actively strive to equip their graduates with habits of consultation and independent inquiry. The author, who currently supervises a small University clinic has found such an approach highly valuable in the training of advanced Masters level clinicians. Practicum students are divided into 3 - 5 member "teams." Team members watch each other's therapy sessions behind the one way mirror and meet together to give feedback. Consultation from a variety of supervisors is available to each team at their request. Written case histories are prepared by the entire team, and the team as a whole receives a grade for the didactic portion of their practicum experience.

This approach is designed to create a non-competitive, cooperative climate, where students are encouraged to rely upon peers as well as supervisors. Students are encouraged as well, to

develop habits and skills of consultation and an accepting attitude toward identifying and seeking to remedy uncertainty.

2. Teaching and practice of alternative research methodologies that complement clinical work. Such fields as anthropology, sociology, history, and literature may be particularly helpful to psychotherapists in their emphasis on methodologies of observation, text analysis, life history taking, and the value of the subjective as useful data (Smith and Berg, 1985; Bauman, 1978; Reinharz, 1979).

By providing research paradigms that not only provide a model for inquiry, but also enhance clinical skills, training institutions may send forth graduates equipped to function in private practice and institutional arenas that lack the support (e.g. computer resources, statistical and methodological consultation, and grants application and support services) available in university settings (Goldfried, 1984). Furthermore, such graduates may find their clinical skills enhanced by their research training.

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